

Concurrent Parent and Child Group Outcomes for Child Externalizing Disorders: Generalizability to Typical Clinical Settings

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Parent behavior management and child social skills training programs have demonstrated efficacy in clinical research settings and are highly efficient treatment modalities. Few studies have examined their effectiveness and efficiency within the typical clinical setting. The current paper examines the use of a concurrent parent behavior management and child social skills training program, evaluating the current sample, which consists of 22 children (ages 5-10) and their guardians, as well as two previous typical clinical samples. The Eyberg Checklist was utilized to assess pre and post treatment intensity scores for childhood externalizing symptoms, with an average treatment effectiveness of 0.89 standard deviations. This is consistent with previous findings (Tynan, et al., 1999; Tynan, et al., 2004) and further demonstrates the effectiveness of the concurrent parent and child training approach as utilized within the typical clinical setting.

Keywords: Parent Management Training, Child Social Skills Training, Outcome Study

Introduction

Among child and adolescent populations, the most frequent referrals for mental health services consist of children and adolescents with externalizing disorders, including: oppositional-defiant disorder (ODD), attention-deficit/hyperactivity disorder (ADHD), conduct disorder (CD), intermittent explosive disorder, and adjustment disorder with disturbance of conduct (Kazdin, 1996). Hence, it is essential that a mental health system aimed at providing services to children needs to provide effective and efficient services for children with externalizing disorders. This is particularly important given the growing need for services among this population (Achenbach, ., 1993), coupled with the current environment of managed care, which demands increased accountability among mental health providers (Hoagwood, Jensen, Petti, & Burns, 1996). For this population, parent training programs and child social skills training programs have demonstrated efficacy in research settings (Brestan & Eyberg, 1998; Webster-Stratton & Hammond, 1997); yet there continues to be a paucity of information on their implementation and effectiveness within typical clinical settings (Weisz & Weiss, 1993). Based on their proven efficacy within clinical research settings, as well as their well-defined, short-term, and goal-oriented nature, parent training programs and child social skills training programs appear ideal to meet the need for efficient and effective services within the typical clinical setting; however, further examination within typical clinical settings is needed. An example of the application of these group training programs provided within a community setting was discussed by Tynan, Schuman & Lampert (1999). Tynan, et al., (1999) utilized a community sample of children with externalizing disorders and their parents from an affluent suburban community and later replicated that study among a lower-income rural population (Tynan, Chew, & Algermissen, 2004). Both of these studies examined the effectiveness of concurrent parent behavior management training and child social skills training. In both studies, the 8-week treatment program yielded similar results to those of research-based programs. Yet, further examination of this training program is needed, particularly in regard to its ability to generalize to more diverse clinic or community samples. The purpose of the current paper is to further assess the generalizability of this training program, by examining data from a more geographically and socioeconomically diverse client population. In addition, the data from the current sample, as well as the two previous clinic samples will be combined for examination.

Method

Referrals

The Behavioral Health division at A.I. duPont Hospital for Children in Wilmington, Delaware, has been offering concurrent parent behavioral management training and child social skills groups for children ages 5-10 years of age with externalizing disorders for the past two years. Over this time, data has been collected on 6 groups. Children and their parents were referred to the group, if indicated, following either an initial intake or a more comprehensive psychological evaluation at the clinic. Groups were offered at the clinic 4 times per year, with a new group starting approximately every 3 months.

Participants

Thirty children and their parents entered the concurrent group treatment program. Twenty-two of these families completed the treatment protocol and were administered pre- and post- treatment measures. This drop out rate (26%) is comparable to the prior two studies (Tynan et al 1999, Tynan et al. 2004). The mean age of the children that completed the group treatment was 7.05 years, with children ranging from 4 to 10 years of age. All participants were male. Participants were from a large catchment area, including city, suburban, and rural settings in Delaware, Pennsylvania, and Maryland. The majority of participants carried private health insurance, while some participants carried Medicaid and a couple self-paid for services. Although specific socioeconomic data was not gathered from the participants, it is believed that participants represented a diverse socioeconomic and geographic range.

Treatment Program

The concurrent treatment program consisted of 8 weeks of parent behavioral management training and child social skills training. Groups were scheduled once weekly from 5:30 to 6:45 in the evening to best accommodate family schedules. Each parent and child group had treatment manuals (described in more detail in Tynan, et al., 1999). The program was developed to utilize 4 therapists, two for the child group and two for the parent group and to have 8 children in each group, hence providing 5.25 therapist hours per child for the completed treatment protocol. A pre-and post-treatment measure was utilized to assess participants' externalizing behaviors and determine group effectiveness. Parents completed the Eyberg Questionnaire (Robinson, Eyberg, & Ross, 1980) during the first session and again during the final session. The Eyberg was chosen because of its focus on externalizing problems, brevity (approximately 8 minutes to complete), and extensive use in research settings evaluating similar behavioral outcomes (i.e., Taylor, Schmidt, Pepler, & Hodgins, 1998; Webster-Stratton & Hammond, 1997).

Results

In the current sample, analysis was conducted to examine differences in participants externalizing problems as reported by their parents on the Eyberg Questionnaire. The mean pre-treatment intensity score reported by parents on the Eyberg Questionnaire was 140.9. The mean post-treatment intensity score reported by parents on the Eyberg was 112.5, yielding a mean difference score of 28.4, comparable to results in previous samples utilizing this treatment protocol (Tynan, et al., 1999; Tynan, et al., 2004; See table 1).

Table 1

Outcome of Eyberg Scores and Effect Size Compared with Previous Samples

	Pre-treatment Intensity Mean	Post-treatment Intensity Mean	Effect Size (SD)
Current Sample ($N = 22$)	140.9	112.5	0.89
Tynan, Shuman, & Lampert (1999) ($N = 55$)	152.9	131.4	0.89
Tynan, Chew, & Algermissen (2004) ($N = 51$)	161.5	132.3	1.00

The overall effect size for the current intervention, which represents the average change for the group, was 0.89 standard deviations. This finding is clearly comparable to the effect size of 0.89 standard deviations found in the original suburban clinic sample (Tynan et al., 1999), as well as the effect size of 1.00 standard deviations found in the rural replication clinic sample (Tynan et al., 2004). In the current sample, 14 out of 22 participants showed an improvement of 0.50 standard deviations or greater and 6 showed an improvement of 1.00 standard deviations or greater. The current finding is also comparable to results of research conducted by Kazdin (1996) for similar treatments with children with externalizing disorders.

A categorical evaluation of the data was also performed in order to assess clinical significance in the current sample. Based upon normative data, a cutoff score of 132 has been established on the intensity scale for the Eyberg Questionnaire (Eyberg, Colvin, & Adams, 1999). Scores of 132 or higher are considered to be in the clinical range, while scores of 131 or below are considered to be in the normal range. Applying these categories to the data, 14 of 22 participants scored in the clinical range prior to treatment. Of these 14 subjects, 8 scored in the normal range following treatment, while 6 remained in the clinical range. Hence, over half of the participants who started in the clinical range prior to treatment moved into the normal range following treatment. All of the 8 participants who scored in the normal range prior to treatment also scored in the normal range following treatment (See table 2).

Table 2

Eyberg Intensity Score Outcome Categories for Current Sample ($N = 22$)

Pre-treatment	Post-treatment	
	Clinical Range (≥ 132)	Normal Range (≤ 131)
Clinical Range (≥ 132)	6	8
Normal Range (≤ 131)	0	8

In order to gain a more complete picture of the clinical significance of this treatment protocol across different clinic and community samples, the data from the current clinic sample was aggregated with data from the two previous clinic samples (Tynan, et al., 1999; Tynan, et al., 2004). When data from all three clinic populations were aggregated, 100 of a total 128 subjects scored in the clinical range prior to receiving treatment (Table 3). Of these 100 subjects, 47 scored in the normal range following treatment, while 53 remained in the clinical range. All of the 28 subjects who scored in the normal range prior to treatment also scored in the normal range following treatment (See table 3).

Table 3

Eyberg Intensity Score Outcome Categories for Aggregated Sample (N=128)

Pre-treatment	Post-treatment	
	Clinical Range (≥ 132)	Normal Range (≤ 131)
Clinical Range (≥ 132)	53	47
Normal Range (≤ 131)	0	28

Conclusions

There is an increasing demand for effective and efficient services for children with externalizing disorders and their families within typical clinical settings. This is due in part to the increasing need among this population, as well as pressure from managed care to provide effective and affordable services. Clinical research settings have evaluated several treatment modalities, finding that parent behavior management training programs and child social skills training programs are efficacious (Brestan & Eyberg, 1998; Kazdin, 1996; Webster-Stratton & Hammond, 1997). However, continued evaluation of the effectiveness of these modalities is needed in typical clinical settings. Further, it is essential to determine if treatment protocols utilized within a clinical research environment are generalizable to a variety of mental health care settings; and therefore practical for clinicians to utilize in a typical clinical setting. This current paper aims to address the generalizability of these treatment modalities through the evaluation of a concurrent parent behavior management training program and child social skills training program. The concurrent training program as described in Tynan et al. (1999) was implemented and evaluated across three different clinic and community samples. The first clinic sample was implemented with an affluent suburban population, the second clinic sample with a rural population, and the third with a diverse socioeconomic and geographic population. The third clinic sample is the focus of this paper and demonstrates the effectiveness of this training program among a more heterogeneous client population. The use of different clinic settings suggests that this treatment protocol is generalizable across typical clinical settings and can be utilized by various trained practitioners. In addition to being an effective treatment modality, the current training program also has demonstrated efficiency of service. The current training program demonstrated effectiveness utilizing 5.25 therapist hours per client. In fact, this finding suggests that similar rates of treatment effectiveness can be gained in 8 sessions, less than research protocols that have utilized treatment protocols up to 22 sessions (Webster-Stratton & Hammond, 1997). This evaluation suggests that for children with externalizing behavior disorders and their families, a concurrent parent behavioral management training program and child social skills training program is effective and an efficient treatment modality when provided within a typical clinical setting. Further, this evaluation suggests that this training program can successfully be implemented by a range of clinicians and utilized with a diverse client population.

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